

**Cumann Lúthchleas Gael Youth Membership Application Form**

Ainm/Name (Youth membership Applicant) **Please print the name in English and in Irish**

1st Child €40; **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** / **Ainm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2nd Child €40 **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** / **Ainm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3rd Child €20 **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  / **Ainm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Seoladh/Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Mobile Phone number** (for group texts/Whats App):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (if available):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: Day/ Month /Year (e.g. 06/02/90) 1st Child;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Child;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Child;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply to: St Dominic’s GAA Juvenile Club for Membership of the above Club and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association) I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules, and I attach here with the appropriate membership fee as determined by the above Club. I acknowledge receipt and agree to abide by Code of Behaviour of St Dominic’s Juvenile GAA for the playing of Gaelic games.

**1st Child**

Sínithe/Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Youth membership Applicant) Dáta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Child**

Sínithe/Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Youth membership Applicant) Dáta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Child**

Sínithe/Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Youth membership Applicant) Dáta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s), and on behalf of the above named:- We/I consent to the above Application and to undertakings given by the Applicant and acknowledge receipt and agree to abide by the attached Code of Behaviour for the playing of Gaelic games.

Sínithe/Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Dáta\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seoladh/Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact person:**

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Juvenile Membership Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Juvenile Secretary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**Medical Treatment:**

Details of child’s special needs or medical history (i.e. details of known allergies, conditions or medications). Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child’s welfare or behaviour while participating in sports:

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| --- |
| **1st Child:**        **2nd Child:**        **3rd Child:** |

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitable qualified practitioners. If I cannot be contacted and my child needs medical emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

|  |  |  |
| --- | --- | --- |
|  | No |  |

Yes

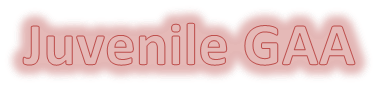
**Photography:**

I agree that photographs or recorded images may be taken during or at sports related activities, which may include my child and may subsequently be used in the promotion of our games

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Yes No

Signature of Parent/Guardian: Date:



Code of Conduct for 2020

**A player is defined as one who has paid his subscription to the Juvenile Club Players will at all times Adhere to the following:**

1. Attend Training sessions as specified by the Selectors and be punctual.
2. Abide by the instructions of the Coaches and Selectors during training and matches.
3. Turn up for matches wearing proper attire – Green and White Socks and White Shorts.
4. Abide by what Selectors and Coaches say during the course of Games.
5. Abstain from making Insulting comments to other Players (both Team mates and opposing Players) during Matches and Training.
6. Always Accept the Referees decision.
7. Tell the Selectors if you are unable to attend Training or Matches.
8. Safeguard Club Property and ensure that Jerseys issued for Games are returned afterwards.
9. At no time take an opponent’s gear as a trophy or wear it at training.
10. Helmets with a Faceguard for all ages must be worn at all times while playing or training for Hurling.
11. Mouth guards – All Players of all ages must wear Gum shields at training and Matches.
12. Insurance – All Players/Parents must be aware of Insurance Procedure (relevant information available on the Glanworth GAA website.
13. All Players must Play and Train within their own age Group before any older age groups.

**Suspension of any Member**

A member may be suspended by the Club in the event of a serious breach of the rules.

They will have the right to appeal to the Adult Committee.

I have read and understood the above Code of Conduct and hereby sign on behalf of my Child/Children to adhere to the Code of Conduct

1st Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_